	ilable electronically.				4 0: :	10 : -				3 No. 0560-024	
FSA-440 (10-04-04)		TMENT OF AGRICUL rm Service Agency	LIURE		1. State a	ind County Co	de 2.	Application	Date	e (MM-DD-YYYY	
FLORII	DA VEGETABLE	AND TROPICAL	FRUIT DIS	ASTER	3. County	Office Name					
		RAM APPLICATION									
24, 1935. The Furnishing to be provided criminal and According to control numb	ne information will be used to determ ne requested information is volunta to other agencies, IRS, Departmen civil fraud statutes, including 18 US the Paperwork Reduction Act of 19 er for this information collection is 6	with the Privacy Act of 1974 (5 US mine eligibility in accordance with th ry, however, failure to furnish the re at of Justice, or other State and Fede SC 286, 287, 371, 641, 651, 1001, 195, an agency generally may not co 560-0247. The time required to co- ded, and completing and reviewing	ee requirements of the Fit equested information will eral law enforcement ago 1004; and 31 USC 3729, conduct or sponsor, and a implete this information of	ederal Register Notice for result in a determination encies, and in response , may be applicable to the a person is not required to collection is estimated to	or applicants who are of ineligibility for Flot to a court magistrate e information provide o respond to a collect average 20 minutes	requesting Florida Veg vida Vegetable and Ti or administrative tribu d. tion of information unle per response, includin	etable an opical Fru nal or to o ss it displ of the time	d Tropical Fruit Dis it Disaster Program ther requests for in ays a valid OMB co for reviewing instr	aster Pro a benefits. formation antrol nun	ogram benefits. s. This information may n. The provisions of mber. The valid OMB	
			the collection of informa	ation. RETURN THIS C	DIMPLETED FORM T	O YOUR COUNTY F	A OFFIC	E.			
PART A - PRODUCER INFORMATION 4A. Producer's Name 4C. Producer's Address (Includence)					uding Zip Cod	'ing Zip Code)			5. Producer's Tax ID Number		
4B. Telephone N	lumber (Including Are	a Code)									
PART B - PAY	MENT INFORMATI	ON									
limitations, geog program or addi		and non-citrus fruit cro itations, future crop ins	surance require								
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Certification by Applicant: I certify that I had at least 50 percent loss and the losses reflected on this application are the result of hurricanes Charley, Frances, and/or Jeanne exceed the payment amount sought, and all the information entered on this application is true and correct. Providing a false certification to the government may be punishable by imprisonment, fines and other penalties. All information provided herein is subject to verification by FSA. The provisions of criminal and civil fraud statutes that apply to this certification include 18 USC 286, 287, 371, 641, 651, 1001, 1004; and 31 USC 3729. I understand that these payments are subject to federal regulations found in 7 CFR Part 12, Part 1400, subparts A, B and C, and Part 718.6 and 718 subpart B, and to the definitions, provisions, modifications, payment and income limitations, geographical and other limitations, future crop insurance requirements and other conditions provided for in the Federal Register notice for this program or additionally imposed by FSA.

8A. Producer's Signature		8B. Date (MM-DD-YYYY)
9A. COC Signature	9C. Date (MM-DD-YYYY)	9D. County FSA Office Name and Address (Including Zip Code)
9B. ACTION: APPROVED DISAPPROVED		9E. Telephone Number (Including Area Code)